

**IN THE PROBATE COURT OF UNION COUNTY, OHIO
RICK RODGER, JUDGE**

GUARDIANSHIP OF _____

CASE NO. _____

AFFIDAVIT OF PROPOSED GUARDIAN OF ADULT

I, _____, the undersigned Applicant for appointment as Guardian of the above-named proposed ward, being first duly sworn and cautioned according to law, hereby deposes and states the following.

Proposed Guardian's Information

1. What is your relationship to the proposed ward? _____

2. How long have you known the proposed ward? _____

3. How often do you personally and directly interact with the proposed ward? _____

4. What kinds of activities do you participate in when you meet? _____

5. Are you a Service Provider for the proposed ward? Yes No *If Yes, answer the following:*
Name of Service Provider: _____
Address of Service Provider: _____
Name of Supervisor: _____
Are you paid or reimbursed to provide services? Yes No
Describe the services you provide: _____

6. Why do you want to be named guardian of the proposed ward? _____

7. Are you in sufficiently good health and with sufficient energy to fulfill guardianship duties?
 Yes No *If No, explain:* _____

8. Do you have sufficient time to fulfill guardianship duties? Yes No
If No, explain: _____

9. Do you have any reason to believe that the Court should not appoint you? Yes No
If Yes, explain: _____

10. Do you know of another person who would also be interested in becoming the guardian or will help you fulfill guardianship responsibilities? Yes No *If Yes, explain:* _____

Proposed Ward’s Specific Needs

Describe your understanding of the proposed ward’s needs for assistance with the following.

11. Medical Care _____
12. Psychiatric Care _____
13. Rehabilitation _____
14. Physical/Personal Care _____
15. Medications _____
16. Socialization _____
17. Transportation _____
18. Assistance Devices _____
19. Home Cleaning _____
20. Shopping _____
21. Financial Management _____
22. General Assistance _____

23. List any community service providers already linked with the proposed ward and the nature of the services they currently provide. (i.e. APS, VNA, Senior Services, UCBDD): _____

24. In general, what is your plan to oversee care for the proposed ward? _____

Proposed Ward's Living Arrangements

- 25. Where and with whom does the proposed ward live? _____

- 26. What is the distance from your residence? _____

- 27. Is this currently an adequate setting that meets their needs? Yes No *If No, explain:*

- 28. If you are named their guardian, will the proposed ward continue to live at their current residence? Yes No *If No, explain where the ward will live:* _____

- 29. How often do you plan to visit the proposed ward's residence? _____

- 30. How will you oversee and monitor their living arrangements? _____

- 31. What social activities, recreation and entertainment opportunities will be provided? Describe.

- 32. How will transportation needs be satisfied? _____

- 33. If the proposed ward will be living with you, what arrangements are needed for care in your home? _____

Status Prior to Filing for Guardianship

- 34. What are the proposed ward's most significant behaviors/needs, which you have personally observed, that cause you to believe a guardianship is necessary? _____

- 35. What solutions were tried before filing for guardianship? _____

36. Did anyone recommend to you that a guardianship application be filed? Yes No *If Yes, who recommended and why? (Note: you do not need provide information about conversations with or advice received from your attorney.)* _____

Observations of the Proposed Ward’s Abilities

37. Based upon your own observations, record your impressions on a scale of **1** (for significant impairment) to **5** (for average/normal functioning) as to the proposed ward’s functioning. Add any relevant comments.

	Rating (1 to 5)	Comments
Orientation Recognition of Persons, Place, Time	1 2 3 4 5	_____
Communication Speech, Hearing, etc.	1 2 3 4 5	_____
Large Motor Skills Walking, Climbing Stairs, etc.	1 2 3 4 5	_____
Fine Motor Skills Feeding, Writing, Personal Care, etc.	1 2 3 4 5	_____
Affect Emotional States, Reactions, etc.	1 2 3 4 5	_____
Memory Long and Short Term	1 2 3 4 5	_____
Comprehension Engagement in Discussion	1 2 3 4 5	_____
Financial Management Paying Bills, Administering Assets	1 2 3 4 5	_____
Judgment Awareness of Danger to Self, etc.	1 2 3 4 5	_____

- 38. Is the proposed ward aware of the plans for their guardianship? Yes No
- 39. Are they in agreement? Yes No They do not understand
- 40. Do you currently have a power of attorney for the proposed ward? Yes No *If Yes, provide a photocopy of the power of attorney to the Court.*
- 41. Do you now or have you ever assisted the proposed ward with their finances? Yes No
- 42. Have you ever filed for bankruptcy? Yes No *If Yes, provide Court name, case number and date of discharge:* _____

43. Have you been charged with or convicted of any crime? Yes No *If Yes, describe:*

FURTHER, THE AFFIANT SAYETH NAUGHT.

WARNING: DO NOT SIGN THIS FORM IF ANY OF THE ABOVE STATEMENTS ARE INCORRECT. FALSIFICATION IS A CRIME UNDER SECTION 2921.13 OF THE REVISED CODE, PUNISHABLE BY THE SANCTIONS UNDER CHAPTER 2929. OF THE REVISED CODE, INCLUDING A TERM OF IMPRISONMENT OF UP TO 6 MONTHS, A FINE OF UP TO \$1,000, OR BOTH.

Date

Affiant Signature*

**Sign before Notary Public.*

STATE OF OHIO

}

SS:

COUNTY OF _____

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The Affiant, either known personally to me or having provided sufficient identification, appeared before me and following oath or affirmation administered, signed this Affidavit in my presence on this _____ day of _____, 20_____. This notarial certificate is a jurat under Ohio Law.

Signature of Notary Public

Notary Public (Printed Name)

Commission Expiration Date

[SEAL]